



A Proud Member of US Soccer
Affiliated with the Federation International de Football Association



Please Type or Print Clearly – Do Not Staple

APPLICATION TO HOST A TOURNAMENT OR GAMES

Name of Tournament or Games Early Bird Spring Soccer Invitational Website URL: www.TheEarlyBirdSoccer.com
 Hosting Organization District 5 - Mid-Ohio Select Soccer League Type of Tournament: ☐ Select ☐ Recreational ☐ Select & Rec
 Designate Official of Hosting Organization Jim Sturm Title _____ Phone _____ W
 Address 7228 Columbia Rd, Ste 900 Email _____ Phone (513) 576-9555 H
 City Maineville State OH Zip Code 45039-8088 Phone _____ FAX _____
 State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No
 Location of Tournament or Games Dublin OH **TEAM ENTRY DEADLINE:** _____
 Date(s) of Tournament or Games 04/01/2023 - 04/02/2023 Estimated # of Teams 190
 Tournament or Games Director or Contact Person Jim Cline Jim Sturm Phone (614) 420-5637 W
 Address 3204 Saybrook Ct Email zirkesa@gmail.com Phone _____ H
 City Dublin State OH Zip Code 43017-1660 Phone _____ FAX _____

Age Groups Accepted	Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
S1-4	U08	X	X	14	5	40	7	X	3	550	
S1-4	U09	X	X	14	5	40	7	X	3	550	
S1-4	U10	X	X	14	5	40	7	X	3	550	
S1-4	U11	X	X	16	5	50	9	X	3	575	
S1-4	U12	X	X	16	5	50	9	X	3	575	
S1-4	U13	X	X	18	5	60	11	X	3	600	
S1-4	U14	X	X	18	5	60	11	X	3	600	
S1-4	U15	X	X	22	5	60	11	X	3	600	
S1-4	U16	X	X	22	5	60	11	X	3	600	
S1-4	U17	X	X	22	5	70	11	X	3	600	
S1-4	U18	X	X	22	5	70	11	X	3	600	
S1-4	U19	X	X	22	5	70	11	X	3	600	

*List of types of teams and tournaments is on reverse side of this form.

- ☐ **RT RESTRICTED TOURNAMENT** –Open only to members of US Youth Soccer and its State Associations.
☐ Team will be restricted to teams within the state association ☒ Teams will be invited from all US Youth State Associations/Affiliates only.
☒ **UT UNRESTRICTED TOURNAMENT** Other US Soccer Members as listed: _____
 International _____
☒ Teams as listed: _____

The Hosting Organization agrees to be bound by and comply with the terms contained in the TOURNAMENT AND GAMES HOSTING AGREEMENT and all applicable rules of the approving State Association or Affiliate.

Signature of Designated Official of Hosting Organization _____

Date _____

APPROVAL

(For Official Use Only) STATE ASSOCIATION OR AFFILIATE

Ohio Soccer Association

Date _____

By _____

Title _____

State Commissioner





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City Maineville State OH Zip Code 45039-8088 Phone _____ FAX _____

State Association or Affiliate _____ Guest Referees Applications Accepted ☐ Yes ☐ No

Location of Tournament or Games Columbus OH **TEAM ENTRY DEADLINE:** _____

Date(s) of Tournament or Games 04/01/2023 - 04/02/2023 Estimated # of Teams 190

Tournament or Games Director or Contact Person Jim Cline/ Jim Sturm Phone (614) 420-5637 W

Address 670 Lakeview Plaza Blvd, Ste D Email zirkesa@gmail.com Phone _____ H

City Columbus State OH Zip Code 43085-4783 Phone _____ FAX _____

Age Groups Accepted	Type(s) of Team Accepted	B	G	Roster Size	# Guest Players Allowed	Length Of Games	# Players on Field	Awards	Minimum # of Games	Entry Fee	Bond
S1-4	U08	X	X	14	5	40	7	X	3	550	
S1-4	U09	X	X	14	5	40	7	X	3	550	
S1-4	U10	X	X	14	5	40	7	X	3	550	
S1-4	U11	X	X	16	5	50	9	X	3	575	
S1-4	U12	X	X	16	5	50	9	X	3	575	
S1-4	U13	X	X	18	5	60	11	X	3	600	
S1-4	U14	X	X	18	5	60	11	X	3	600	
S1-4	U15	X	X	22	5	60	11	X	3	600	
S1-4	U16	X	X	22	5	60	11	X	3	600	
S1-4	U17	X	X	22	5	70	11	X	3	600	
S1-4	U18	X	X	22	5	70	11	X	3	600	
S1-4	U19	X	X	22	5	70	11	X	3	600	

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State Commissioner

